



05-15-03

PATENT  
24-AT-6005

AF  
3500

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Challberg et al

Serial No. 09/597,113

Filed: June 20, 2000

For: CORE CONFIGURATION FOR A  
NUCLEAR REACTOR

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Art Unit: 3641

Examiner: J. Keith

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I certify that the documents listed below:

- Request for Reconsideration After Final Office Action (9 pgs.), in response to Office Action dated March 14, 2003
- Amendment Transmittal Form (3 pgs.), in duplicate
- Return post card

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to the Commissioner for Patents, Mail Stop AF, P.O. Box 1450, Alexandria, VA 22313.

Michael Tersillo, Reg. No. 42,180  
Armstrong Teasdale LLP  
One Metropolitan Square, Suite 2600  
St. Louis, MO 63102  
314-621-5070



Express Mail Label No. EV339990220US

PATENT  
Attorney Docket No.: 24-AT-6005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Challberg et al. :  
Serial No.: 09/597,113 :  
Filed: June 20, 2000 :  
For: CORE CONFIGURATION :  
FOR A NUCLEAR REACTOR :

Group No.: 3641  
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GROUP 3600

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is  
\_\_\_ a small entity. A verified statement:  
\_\_\_ is attached.  
\_\_\_ was already filed.  
☒ other than a small entity.

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CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

\_\_\_ deposited with the United States Postal Service with  
sufficient postage as first class mail, in an envelope  
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Washington, D.C. 20231

FACSIMILE

\_\_\_ transmitted by facsimile to the Patent and  
Trademark Office

Date: \_\_\_\_\_

\_\_\_\_\_  
Michael Tersillo, Reg. No. 42,180

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a)      Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

<u>Extension (months)</u>	<u>Fee for other than small entity</u>	<u>Fee for small entity</u>
<u>  </u> one month	\$ 110.00	\$ 55.00
<u>  </u> two months	\$ 390.00	\$ 195.00
<u>  </u> three months	\$ 890.00	\$ 445.00
<u>  </u> four months	\$ 1,390.00	\$ 695.00

Fee: \$           

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

     An extension of            months has already been secured. The fee paid therefor of \$            is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$                                   .

OR

- (b)    ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL		MINUS	*20	=	x \$9 = \$			x \$18 = \$-0-	
INDEP.		MINUS	**3	=	x \$40 = \$			x \$80 = \$-0-	
___ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$135 = \$			+ \$270 = \$-0-	
					TOTAL ADDIT. FEE \$		OR	TOTAL ADDIT. FEE \$-0-	

(c) ☒ No additional fee for Claims is required.

OR

(d) \_\_\_ Total additional fee for claims required \$

### FEE PAYMENT

5. \_\_\_ Attached is a check in the sum of \$\_\_\_


\_\_\_ Charge Deposit Account No. 01-2384 the sum of \$\_\_\_  
A duplicate of this transmittal is attached.

### FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

  
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314/621-5070